1 2 3 4 5 6 7 8 9 110 111	RICHARD JAFFE, ESQ. State Bar No. 289362 428 J Street, 4 <sup>th</sup> Floor Sacramento, California 95814 Tel: 916-492-6038 Fax: 713-626-9420 Email: rickjaffeesquire@gmail.com  ROBERT F. KENNEDY JR., ESQ. Pro hac vice admitted 48 Dewitt Mills. Rd. Hurley, NY 12433 Tel: 845-481-2622  Attorneys for Plaintiffs  UNITED STATES D EASTERN DISTRICT	
12 13 14 15 16 17 18 19 20 21 22 23 24 25	PIERRE KORY, M.D., LE TRINH HOANG, D.O., BRIAN TYSON, M.D., PHYSICIANS FOR INFORMED CONSENT, a not-for-profit corporation and, CHILDREN'S HEALTH DEFENSE, a not-for-profit corporation,  Plaintiffs,  v.  ROB BONTA In his official capacity as Attorney General of California, REJI VARGHESE, in his official capacity as Executive Director of the Medical Board of California, ERIKA CALDERON, in her official capacity as Executive Officer of the Osteopathic Medical Board of California; and  Defendants.	Case No: 2:24-cv-00001 WBS-AC  DECLARATION OF PIERRE KORY, M.D. IN SUPPORT OF PRELIMINARY INJUNCTION MOTION  Date: April 1, 2024 Time: 1:30 PM Courtroom: 5, 14 <sup>th</sup> Floor  Action Filed: January 2, 2024
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DECLARATION OF PIERRE KORY, M.D.

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I, Pierre Kory, M. D., declare as follows:

- I am one of the individual plaintiffs in this case. I have personal knowledge of the facts set forth herein, and I have already verified parts of the complaint in a verification attached to the Verified Complaint.
- 2. I would like to give my perspective as a fifteen plus year critical care physician, which is the specialty that supervises ICUs and all staff including physicians. This medical specialty routinely deals with patients on ventilators, which is why I became so distressed during the first months of the pandemic because the use of ventilators was so obviously not helping preventing deaths and was increasing the likelihood of death. Plus, the so-called standard of care practice to send Covid patients home completely untreated until they needed to be hospitalized, at which point it was often too late.
- 3. This led me and other critical care physicians to look for treatments, especially repurposed drugs like HCQ and Ivermectin. Since that time, me and my like-minded colleagues have treated over 20,000 patients with protocols involved repurposed drugs and other things like antibiotics and certain vitamins and minerals.
- In the case of Ivermectin, there are currently 100 controlled clinical trials from around the world, the summary analysis of which demonstrates the efficacy of Ivermectin within these protocols. There are a small number of studies which instead find little evidence of efficacy. I have addressed the methodological problems with those studies in my book, but that is beyond the scope of this declaration, except to summarily state that these protocols require specific dosages, the treatments must be started before hospitalization, and treatments must be continued until the patient is fully recovered. The lack of adherence to these protocol requirements are just some of the reasons for the negative results in the studies not confirming the benefit.
- 5. It is my belief and the belief of many of my colleagues that the reason these repurposed drugs and treatment protocols were dismissed was because of the requirement that emergency use authorization ("EUA") of investigational drugs and biologics are only available if there is no effective treatment for the condition, in which cases, even though not fully tested,

these investigational products can be marketed despite the lack of long-term safety data. Thus, effective repurposed drugs threatened a massive global market for Covid vaccines of over 100 billion dollars.

- 6. Early on, there were concerns raised by the safety of these vaccine products, and as time has passed these concerns have not been resolved, despite the eventual full approval of these products.
- 7. Now, three years after the public health authorities' constant drumbeat for the use of these products, even the media is starting to report a significant increase in deaths which is not explained by Covid, especially since the Omicron variant became much less lethal than prior variants. *See* <a href="https://www.usatoday.com/story/opinion/2023/08/11/more-americans-dying-than-before-pandemic-covid-deaths/70542423007/">https://www.usatoday.com/story/opinion/2023/08/11/more-americans-dying-than-before-pandemic-covid-deaths/70542423007/</a> and <a href="https://www.newsweek.com/why-are-death-disability-rising-among-young-americans-opinion-1837006">https://www.newsweek.com/why-are-death-disability-rising-among-young-americans-opinion-1837006</a>
- 8. These reports are consistent with the insurance industries' findings of increased deaths since vaccines were administered. *See https://thehill.com/opinion/healthcare/4354004-this-is-bigger-than-covid-why-are-so-many-americans-dying-early/*.
- 9. In fact, a shocking and unexplained fact by the public health authorities is that the death rate attributed to Covid went up <u>after</u> the vaccines were widely distributed in 2021, compared to 2020, which of course is inconsistent with the Covid shots saving lives.
- 10. All this information is, to varying degrees out there in the public. Patients come to physicians like me for our honest opinions, uncertain about whether to continue to take each successive booster and whether to use off label drugs or protocols such as the ones used by Dr. Tyson and many others, including myself. This is especially true because as Dr. Tyson has noted in his declaration, the Omicron variant is much less lethal than prior variants. I also agree with the idea that the public's mistrust of the public health authorities' edict is largely a self-created phenomenon due to the unjustified certainty of their pronouncements coupled with how often their edicts have had to be changed or abandoned.

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- 11. I also agree with Dr. Tyson, that Covid has allowed the public health authorities and the government overseers of medicine to debase and repudiate the collective wisdom and experience of practitioners who were trying repurposed drugs and other logical treatment, rather than follow the public health authorities' promotion of new drugs with numerous known serious side effects. *See* <a href="https://www.paxlovid.com/side-effects">https://www.paxlovid.com/side-effects</a>. In addition, Paxlovid has drug interactions with 125 different medicines across 25 classes. *See* <a href="https://www.med.umich.edu/asp/pdf/outpatient\_guidelines/Paxlovid-DDI.pdf">https://www.med.umich.edu/asp/pdf/outpatient\_guidelines/Paxlovid-DDI.pdf</a>
- 12. I am also not surprised by the findings Dr. Hoang has related to the Court, given the new mRNA technology and its effect on human biology and immunology.
- 13. To end on a broader point, I think it is a dangerous thing to allow the government to determine what is truth in medicine, and to force physicians to toe the party in discussions with patients. I found it both unprecedented and unconscionable that during a period of rapidly emerging knowledge and insights into a novel disease, "scientific consensus" was so rapidly achieved and soon after disbanded only to be replaced with a new one. Yet, each time one was supposedly established, any physician who questioned or reached a contrary scientific conclusion due to the identification of severely conflicting data, were persecuted and threatened for violating such hasty "standards of care." Further, many of us are deeply aware of the decades long influence of the pharmaceutical industry along with the civil and criminal fines accrued in the tens of billions of dollars. Thus, we rightly adopted a skeptical stance in a situation where the only drugs or treatments for Covid that were approved by our regulatory and professional societies uniformly consisted of only patented, barely-tested, immensely profitable pharmaceuticals and vaccines. All inexpensive, re-purposed drugs were ignored and vilified. We believe our publicly voiced skepticism and alternative conclusions were entirely appropriate given the agencies' prior failures and the almost constant apologies and promises to do better as outlined in the complaint. Until Covid, compelling physicians to limit discussions with patients was not something we have seen in this country, but I understand that it was all too familiar in some of the world's most repressive regimes.